



Holderness Town Clerk's Office
PO Box 203, Holderness, NH 03245
(603)968-7536

Official Use only

Numbers:
Requested:
Issued by & Date:

Application for a Vital Record Certificate.

BIRTH

Number of copies ____ (first copy issued at \$ 15.00: each additional copy, \$ 10.00)

Name of Child _____ Child's Sex _____
Father's/Parent Full (Maiden) Name _____ Child's Birth date _____
Mother's/Parent Full (Maiden) Name _____ Child's Birth Place _____

DEATH

Number of copies ____ (first copy issued at \$ 15.00: each additional copy, \$ 10.00)

Name of Deceased _____ Sex _____
Date of Death _____ Place of Death _____ Issued ☐ With/ ☐ Without Cause of Death

Marriage/Civil Union

Number of copies ____ (first copy issued at \$ 15.00: each additional copy, \$ 10.00)

Full Name of Groom/Person A _____ Date of Marriage/Civil Union _____
Full Name of Bride/Person B _____ Place of Marriage/Civil Union _____

Divorce/Dissolution

Number of copies ____ (first copy issued at \$ 15.00: each additional copy, \$ 10.00)

Full Name of Husband/Person A _____ Date of Decree _____
Full Name of Wife/Person B _____ Place of Decree (County) _____

New Hampshire law (**RSA 5-C:10**) requires that a nonrefundable search fee be collected for each record requested. If the record is located and you meet eligibility requirements, you will be issued the requested number of certified copies of that record. **PLEASE MAKE CHECK PAYABLE TO: TOWN OF HOLDERNESS.**
If mailing enclose a stamped, self-addressed, business-letter sized envelope.

PLEASE PRINT

APPLICANT'S NAME: _____
(FIRST) (MIDDLE) (LAST)

APPLICANT'S ADDRESS: _____
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

APPLICANT'S PHONE NO. _____ EMAIL: _____
(AREA CODE & NUMBER)

REASON FOR REQUEST: _____

APPLICANT'S SIGNATURE: _____ RELATIONSHIP TO REGISTRANT: _____

NOTICE: Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (**RSA 5-C:14**)

PLEASE NOTE: A LEGIBLE PHOTOCOPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID **MUST** BE INCLUDED WITH THIS REQUEST (i.e., driver's license, non-driver's ID, passport). IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY MUST PROVIDE EVIDENCE THAT THE ADDRESS TO WHICH THE VITAL RECORD IS TO BE SENT IS INDEED YOUR ADDRESS (e.g., personal check, driver's license, utility bill).